

Direct Deposit Authorization Form

I hereby authorize the Arkansas Teacher Retirement System (ATRS) to deposit to the account indicated below the net amount I am due each month as if a check had been delivered to me for that amount. Should an overpayment or underpayment be made, ATRS is authorized to initiate any debits or credits necessary to correct the account.

1. Financial Institution Name _____

2. City _____ State _____ Zip _____

3. Checking Account ☐ Savings Account ☐ (See Below)

This authority is to remain in full effect until ATRS has received written notification from me of its termination. I understand that by having my benefits deposited in this manner, I will receive a deduction statement in July and December and that there will be no charge for this service.

4. Name (Last, First, Middle) _____

5. Social Security Number _____

6. Address _____

7. Daytime Phone _____ Message Phone _____

8. Signature _____ Date _____

9. Attach a voided check:

**For Checking Account – attach a voided check with tape
(DO NOT STAPLE)**

(NO TEMPORARY CHECKS ACCEPTED)

**For Savings Account – attach Bank Letterhead with Routing Information with tape
(DO NOT STAPLE)**